

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA

FILED

DEC 30 2024

Eric Guice,

(Enter the full name of the plaintiff.)

JOAN KANE, CLERK
U.S. DIST. COURT, WESTERN DIST. OKLA.
BY naa, DEPUTY

v.

Case No. CIV-24-1362-D
(Court Clerk will insert case number)

- (1) Comanche County Detention Center (4) Jail Administrator Weber
(2) CCBC Medical Department,
(3) C. Southerland.

(Enter the full name of each defendant. Attach additional sheets as necessary.)

PRO SE PRISONER CIVIL RIGHTS COMPLAINT

Initial Instructions

1. You must type or legibly handwrite the Complaint, and you must answer all questions concisely and in the proper space. Where more space is needed to answer any question, you may attach a separate sheet.
2. You must provide a full name for each defendant and describe where that defendant resides or can be located.
3. You must send the original complaint and one copy to the Clerk of the District Court.
4. You must pay an initial fee of \$402 (including a \$350 filing fee and a \$52 administrative fee). The complaint will not be considered filed until the Clerk receives the \$402 fee or you are granted permission to proceed *in forma pauperis*.
5. If you cannot prepay the \$402 fee, you may request permission to proceed *in forma pauperis* in accordance with the procedures set forth in the Court's form application to proceed *in forma pauperis*. See 28 U.S.C. § 1915; Local Civil Rule 3.3.

- If the court grants your request, the \$52 administrative fee will not be assessed and your total filing fee will be \$350.
- You will be required to make an initial partial payment, which the court will calculate, and then prison officials will deduct the remaining balance from your prison accounts over time.
- These deductions will be made until the entire \$350 filing fee is paid, **regardless of how the court decides your case.**

7. The Court will review your complaint before deciding whether to authorize service of process on the defendants. *See* 28 U.S.C. §§ 1915(e)(2), 1915A; 42 U.S.C. § 1997e(c)(1). If the Court grants such permission, the Clerk will send you the necessary instructions and forms.

8. If you have been granted permission to proceed *in forma pauperis*, the United States Marshals Service will be authorized to serve the defendants based on information you provide. If you have not been granted permission to proceed *in forma pauperis*, you will be responsible for service of a separate summons and copy of the complaint on each defendant in accordance with Rule 4 of the Federal Rules of Civil Procedure.

COMPLAINT

I. Jurisdiction is asserted pursuant to:

☒ 42 U.S.C. § 1983 and 28 U.S.C. § 1343(a)(3) (NOTE: these provisions generally apply to state prisoners), or

☐ *Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971), and 28 U.S.C. § 1331 (NOTE: these provisions generally apply to federal prisoners)

If you want to assert jurisdiction under different or additional statutes, list these below:

N/A

II. State whether you are a:

☐ Convicted and sentenced state prisoner

☐ Convicted and sentenced federal prisoner

☒ Pretrial detainee

☐ Immigration detainee

☐ Civilly committed detainee

☐ Other (please explain) _____

III. Previous Federal Civil Actions or Appeals

List each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility.

1. Prior Civil Action/Appeal No. 1

a. Parties to previous lawsuit:

Plaintiff(s): ERIC GUICE

Defendant(s): CCBC, Administrator Weber, Captain Barlow, Lt. Derrington

b. Court and docket number: CIV-24-1246-J

c. Approximate date of filing: 12/2/24

d. Issues raised: violation of eight amendment, violation of safe and secure environment while incarcerated, endangerment of life, overcrowded jail conditions

e. Disposition (for example: Did you win? Was the case dismissed? Was summary judgment entered against you? Is the case still pending? Did you appeal?): pending

f. Approximate date of disposition: N/A

If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on a separate sheet(s).

IV. Parties to Current Lawsuit

State information about yourself and each person or company listed as a defendant in the caption (the heading) of this complaint.

1. Plaintiff

Name and any aliases: ERIC GUICE

Address: 315 SW 5th St. Lawton, OK 73501

Inmate No.: 2310

2. Defendant No. 1

Name and official position: Comanche County

Detention Center

Place of employment and/or residence: 315 SW 5th St.

Lawton, OK 73501

How is this person sued? () official capacity, () individual capacity, (✓) both

3. Defendant No. 2

Name and official position: Comanche County Detention

Center Medical Department

Place of employment and/or residence: 315 SW 5th St.

Lawton, OK 73501

How is this person sued? () official capacity, () individual capacity, (✓) both

If there are more than two defendants, describe the additional defendants using this same format on a separate sheet(s).

IV Parties to Current Lawsuit

(4) Defendant NO. 3

Name and official position:

C. Southerland #1 Medical Department

Place of employment and/or residence:

315 SW 5th St. Lawton, OK 73501

This person is sued both in official and individual capacity.

(5) Defendant No. 4

Name and official position:

Jail Administrator Weber

Place of employment and/or residence:

315 SW 5th St. Lawton, OK 73501

This person is sued both in official and individual capacity.

V. Cause of Action

Instructions

1. *Provide a short and plain statement of each claim.*
 - Describe the facts that are the basis for your claim.
 - You can generally only sue defendants who were directly involved in harming you. Describe how each defendant violated your rights, giving dates and places.
 - Explain how you were hurt and the extent of your injuries.
2. *You are not required to cite case law.*
 - Describe the constitutional or statutory rights you believe the defendant(s) violated.
 - At this stage in the proceedings, you do not need to cite or discuss any case law.
3. *You are not required to attach exhibits.*
 - If you do attach exhibits, you should refer to the exhibits in the statement of your claim and explain why you included them.
4. *Be aware of the requirement that you exhaust prison grievance procedures **before** filing your lawsuit.*
 - If the evidence shows that you did not fully comply with an available prison grievance process prior to filing this lawsuit, the court may dismiss the unexhausted claim(s) or grant judgment against you. *See* 42 U.S.C. § 1997e(a).
 - Every claim you raise must be exhausted in the appropriate manner.
5. *Be aware of any statute of limitations.*
 - If you are suing about events that happened in the past, your case may be subject to dismissal under the statute of limitations. For example, for many civil rights claims, an action must be brought within two years from the date when the plaintiff knew or had reason to know of the injury that is the basis for the claim.

V Cause of Action

Instructions

1. ON 8/24/24 at or about 11pm, I was attacked while sleeping in my cell (housing unit 251) by a numerous amount of other inmates who beat me with contraband food trays and stabbed me with contraband knives. This assault went on inside of the cell and out on the pod. (See camra footage on 8/24/24 at or around 11pm - 12:20 am) I was rushed to the Comanche Memorial Hospital by ambulance (check hospital records from 8/24/24 - 8/25/24) where I sustained up to 40 staples and stitches throughout the top of my head and face. I also suffered a broken eye socket in three places. Comanche Memorial doctors feared that I would lose my eye so I was medi-flighted to OU medical center with instructions from doctors at Comanche Memorial Hospital to return in two weeks for follow up assesment and removal of staples and stitches. At OU medical Center, it was determined that my eye socket along with the retina in my left eye was damaged. (see medical records from OU medical Center on 8/25/24) I also had numerous other injuries throughout my body. OU medical Center referred me to Dean McGee Eye Institute because of the nature of my injuries. Comanche County ~~Detention~~ Detention Center failed to take me back to Comanche Memorial Hospital for follow up assesment and removal of staples and stitches. After twenty days medical at →

Comanche County Detention Center removed staples and stitches after I complained of excessive headaches and dizzy spells. Comanche County Detention Centers Medical Department failed to get me emergency medical attention to Dean McGee Eye Institute and as a result I am permanently blind in my left eye. (See medical records from Dean McGee Eye Institute) Also Comanche County Detention Centers medical department failed to get me follow up medical treatment (which was advised) at Comanche Memorial Hospital for prognosis of head injury resulting in continuing issues (see attachments of request of staff and grievances. I have passed out on several occasions + live with constant headaches. Also attachments were included to show lack of emergency and adequate medical attention) Exhibits 1-5

2. My right to the same rights as other inmates regardless of your race, religion, sex, nationality, sexual orientation or disability along with my right to adequate and emergency medical, dental, and mental health has been violated.

6. *Do not include claims relating to your criminal conviction or to prison disciplinary proceedings that resulted in loss of good time credits.*
- If a ruling in your favor “would necessarily imply the invalidity” of a criminal conviction or prison disciplinary punishment affecting the time served, then you cannot make these claims in a civil rights complaint unless you have already had the conviction or prison disciplinary proceeding invalidated, for example through a habeas proceeding.

Claims

List the federal right(s) that you believe have been violated, and describe what happened. Each alleged violation of a federal right should be listed separately as its own claim.

1. **Claim 1:**

- (1) List the right that you believe was violated:

The right to the same rights as other inmates
regardless of your race, religion, sex, nationality,
sexual orientation or disability

- (2) List the defendant(s) to this claim: (If you have sued more than one defendant, specify each person or entity that is a defendant for this particular claim.)

Comanche County Detention Center

CCDC Medical Department

C. Southerland

Asst Administrator Weber

(3) List the supporting facts:

Cause of Action clearly states and supports facts along with exhibits in attachment

(4) Relief requested: (State briefly exactly what you want the court to do for you.)

Punitive damages, mental anguish, support for family suffering, All other relief ordered by the courts \$6,000,000

2. Claim II:

(1) List the right that you believe was violated:

Right to adequate and emergency medical, dental and mental health

(2) List the defendant(s) to this claim: (If you have sued more than one defendant, specify each person or entity that is a defendant for this particular claim.)

Comanche County Detention Center

CCDC Medical Department

C. Southerland

Jail Administrator Weber

(3) List the supporting facts:

exhibits in attachment, Comanche Memorial
Hospital Medical records, OU Medical Center
medical records, Dean McGee Eye Institute
medical records, CCDC investigator Wells report + pictures

(4) Relief requested: (State briefly exactly what you want the court to do for you.)

Punitive damages, mental anguish, support for
family suffering, All other relief ordered by the
courts \$6,000,000

If there are more than two claims that you wish to assert, describe the additional claims using this same format on a separate sheet(s).

VI. Declarations

I declare under penalty of perjury that the foregoing is true and correct.

Eric Juice

Plaintiff's signature

12/19/24

Date

I further declare under penalty of perjury that I placed this complaint in the prison's legal mail system, with the correct postage attached, on the 19 day of December, 2024.

Eric Juice

Plaintiff's signature

12/19/24

Date